| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | *12* | *2/1* |
| FORMALITY REVIEW | *(initials)* | JC657 | 02/28/01 |
| RESPONSE FORMALITY REVIEW | *(initials)* | | |

## INDEX OF CLAIMS

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| — (Through numeral)... Canceled | A ................................. Appeal |
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If more than 150 claims or 10 actions
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